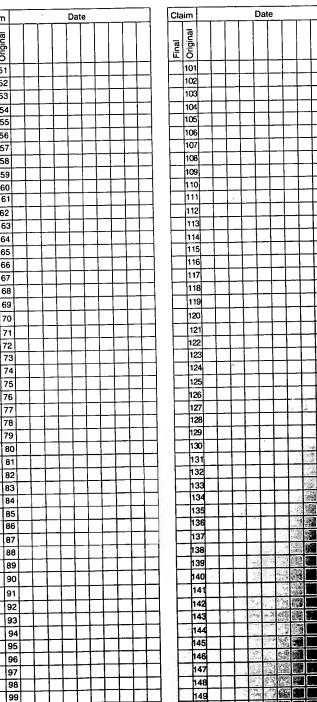
ID NO. POSITION INITIALS **FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW INDEX OF CLAIMSRejected Interference Allowed Appeal (Through numeral)... Canceled Restricted Claim Date Date Claim Date Claim Final Original Original Final

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

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